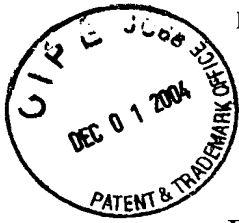


CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify that this document is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner For Patents, P.O. box 1450, Alexandria, Virginia 22313-1450 on the date set forth below.



Joni Bosc H  
(signature)

Date of signature and deposit - Nov. 29, 2004

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
MICHAEL L. BABALA	)	Group Art Unit 2856
	)	
Serial No. 10/679,794	)	
Confirmation No. 3701	)	Examiner John E. Chapman, Jr.
	)	
Filed: October 6, 2003	)	
	)	
For: MULTIPLE OUTPUT INERTIAL	)	Attorney Docket 1-24754
SENSING DEVICE	)	

Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

AMENDMENT

Honorable Sir:

This Amendment is being submitted in response to the Official Letter dated October 28, 2004. Applicant respectfully requests that the above-identified application be amended as indicated on the following pages.

Respectfully submitted,

John B. Molnar  
John B. Molnar  
Reg. No. 31,914

MacMillan, Sobanski & Todd, LLC  
One Maritime Plaza, Fourth Floor  
720 Water Street  
Toledo, Ohio 43604  
(419) 255-5900



<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				<b>Docket No.</b> 1-24754	
Applicant(s): <b>MICHAEL L. BABALA</b>					

Application No. 10/679,794	Filing Date October 6, 2003	Examiner John E. Chapman, Jr.	Customer No. 04859	Group Art Unit 2856	Confirmation No. 3701
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Invention:

**Multiple Output Inertial Sensing Device**

COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

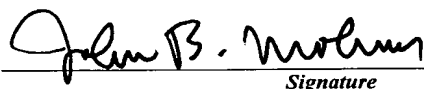
The fee has been calculated and is transmitted as shown below.

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	14 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0 x	\$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☒ No additional fee is required for amendment.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account **11-0417**
- ☒ Any additional filing fees required under 37 C.F.R. 1.16.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☐ Payment by credit card. Form PTO-2038.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

  
Signature

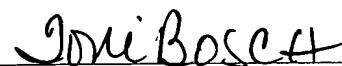
Dated: November 29, 2004

John B. Molnar, Reg. No. 31,914  
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Toledo, OH 43604  
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Facsimile: 419-255-9639

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November 29, 2004

(Date)



Signature of Person Mailing Correspondence

Toni Bosch

Typed or Printed Name of Person Mailing Correspondence

CC: